

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Joseph Hospital and Health CenterCity: Kokomo County: Howard Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	10	196	2,178	\$11,594
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	69	2,937	11,713	\$2,224
Neonatal Intermed	4	7	19	\$2,936
Obstetrics	19	737	1,828	\$1,472
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	18	361	1,309	\$3,090
Substance Abuse	8	688	1,712	\$1,651
Swing Beds	NA	0	0	\$0
Other Services	8	743	2,970	NA
Acute Subtotal	136	5,669	21,729	NA
Normal Newborn	19	683	NR	\$1,395

II. Outpatient Visits			
Circulatory System	5,925	Digestive System	3,087
Endocrine System	5,431	Injuries and Poison	1,738
Mental Disorder	9,766	Musculoskeletal	5,414
Neoplasms	2,766	Nervous	1,457
Respiratory	1,869	Urinary	3,861
Other/Unknown	3,106	Total Visits	44,422
Number of Visits to Emergency Department			20,221
Percent of Emergency Department Visits of Total Visits			45.5%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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